

270 Washington Street, Suite 2-129, Atlanta, GA 30334 (404) 656-5602 Fax: (404) 651-8084 Please submit this form to: <a href="mailto:SpaceManagement@spc.ga.gov">SpaceManagement@spc.ga.gov</a>

## **SPACE ACTION FORM**

Date:	Fiscal Year:
	TYPE OF SPACE ACTION:
SPC Lease:  Renewal Renegotiation Cancellation Other: (Can include "New", "Relocation"	Primary Use:  Administrative/Office  Warehouse/Storage  Classroom/Training  Other:  **Expansion** Requests**
1. FROM: (Requesting Agency/Division)	
Agency/Division:	
Address:	
Agency Official:	Phone: Email:
	Phone:
2. CURRENT RENTAL INFORMATION	J:
SPC Lease #:	
Facility Address:	City & County:
Capacity: Occu (number of closed & open workspaces)	pancy: Total Sq. Ft: (number of employees)
Annual Rent: Annual U (*If not in	tilities*: Annual Janitorial*: cluded in rent) (*If not included in rent)
Landlord Name:	
Landlord Contact Information (phone, email, and	address):
3. LANDLORD OR FACILITY ISSUES:	
<u> </u>	No If Yes, please complete and attach the Facility Inspection Checklist.  No If Yes, please briefly explain below:
4. REMARKS OR ADDITIONAL COMP	MENTS.
T. REVIEWED VALUE	TENIS.
REQUESTING AGENCY CERTIFICATION: I CERTIFY THAT THE SPACE REQUESTED ABOVE IS NECESSARY FOR THE PROPER FUNCTION OF THE AGENCY NAMED, THAT SUFFICIENT FUNDS ARE AVAILABLE, AND ALL NECESSARY APPROVALS HAVE BEEN OBTAINED.	
Signature: (Authorizing Agency Level Official)  Date:	
For SPC Use Only	
Date Request Received at SMP:	SMP Control Number:
SMP Action Recommended:  Assign to Transaction Manager	ment
Authorized SMP Agent:	Date: